

Documentation of Living Expenses

Project Title:	Parcel No.:
Displaced Person(s):	Displacee No.:

Expense Type	Monthly Amount
1. House or Rent Payment	
2. Renters Insurance	
3. Food, Supplies, Toiletries	
4. Car (include)	
Gas	
Insurance	
License	
Payment	
Maintenance	
4. Utilities (include)	
Power/Electricity	
Gas/Propane/Oil	
Telephone	
Cable/Satellite	
Water/Garbage	
5. Public Transportation	
6. Clothes	
7. Medical (include)	
Insurance	
Dentist/Doctor	
Prescriptions/Medicine	
8. Miscellaneous (include)	
Credit Payments	
Credit Cards	
Pet Expenses	
Newspaper	
Gifts	
Haircuts	
Recreation/Entertainment	
9. Other (include)	
Child Care	
Child Support/Alimony	
School Supplies/Lunches	
Total	